

05-29-01

A/Re-
issuePlease type a plus sign (+) inside this box → ☒

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

CSUR.010USRI

First Named Inventor

Aubrey Poore

Original Patent Number

5,959,574

Original Patent Issue Date
(Month/Day/Year)

Sept. 28, 1999

Express Mail Label No.

EL648663107US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☐ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
- ☒ Written Consent of all Assignees (PTO/SB/53)
- ☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☐ Correspondence address below

(Insert Customer Number or Bar Code Label here)

Name

27479

Address

PATENT TRADEMARK OFFICE

City

State

Zip Code

Fax

Country

Telephone

NAME (Print/Type)

William W. Cochran

Registration No. (Attorney/Agent)

26,652

Signature


William W. Cochran

Date

5/24/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) CSUR.01USR1			
Claims as Filed - Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee		Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B)	**** =	x \$	=	or	x \$	=	
(C)	Independent claims (37 CFR 1.16(i))	(D)	* =	x \$	=		x \$	=	
Basic Fee (37 CFR 1.16(h))					\$355			\$	
Total Filing Fee					\$355		OR	\$	
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$	=		x \$	=
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$	=
Total Additional Fee					\$355.00	OR	\$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1491</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>355.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>5/24/01</u></p> <p>Date</p> </div> <div style="width: 50%; text-align: center;">  Signature of Applicant, Attorney or Agent of Record <u>William W. Cochran II</u> Typed or printed name </div> </div>									

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE REISSUE
APPLICATION OF: Aubrey B. Poore Jr.

PATENT NO. 5,959,574

ISSUED: September 28, 1999

TITLE: METHOD AND SYSTEM FOR TRACKING MULTIPLE
REGIONAL OBJECTS BY MULTI-DIMENSIONAL
RELAXATION

THE HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
WASHINGTON, D.C. 20231

Claim for Benefit Under 35 U.S.C. 119(a)

Sir:

1. I, **Aubrey B. Poore**, declare that my residence, post office address and citizenship are as stated below next to my name, and I that, I am the sole named inventor in United States Patent No. **5,959,574** dated **September 28, 1999**, and entitled "**METHOD AND SYSEM FOR TRACKING REGIONAL OBJECTS BY MULTI-DIMENSIONAL RELAXATION**".
2. I hereby claim benefit under 35 U.S.C. 120/365 of all United States and PCT international applications listed below and, insofar as the subject matter of each claim of this application is not disclosed in such prior application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information material to patentability in accordance with 37 CFR 1.56(a) and (b) which occurred between the filing date(s) of the prior application(s) and the national or PCT filing date of this application.

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status: patented, pending, abandoned</u>
08/404,024	March 14, 1995	Patented

3. I acknowledge my duty to disclose to the United States Patent and Trademark Office all information known to me to be material in the patentability of the claimed invention.
4. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are

believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature Aubrey B Poore

Inventor's Name: Aubrey B. Poore

Citizenship: U.S.A.

Residence: 941 Chippewa Ct.
Fort Collins, Colorado 80525

Post Office Address: Same as Residence